



## WEST VALLEY CITY

### REQUEST FOR RECORDS

FAX: 801-966-8455

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[carelhicks@wvc-ut.gov](mailto:carelhicks@wvc-ut.gov)

REQUESTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

DESCRIPTION OF RECORD SOUGHT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEPARTMENT REQUESTED FROM \_\_\_\_\_

\_\_\_\_\_ I would like to view/inspect the record.

\_\_\_\_\_ I would like to receive copies of the record. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize costs of up to \$\_\_\_\_\_. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### *RESPONSE TO REQUEST – FOR OFFICE USE ONLY*

DATE REQUEST RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

\_\_\_\_\_ APPROVED – Requestor notified on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ DENIED – Written denial sent on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ Requestor notified that office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ Extension of time for extraordinary circumstances. Required notice sent \_\_\_\_\_, 20 \_\_\_\_\_

COPY FEES: \$ \_\_\_\_\_. If waived, approved by \_\_\_\_\_

Cost authorization obtained from requestor on \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE \_\_\_\_\_